

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

'STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) Summary Sheet

FILE NUMBER

40-20-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| CON | MITTEE INFORMATION | | | | |
|--|---|-------------------------------|-----------------------------|--------------------------|--------|
| 1. Full Name of Committee (as on Statement of Organization) | Check if this is a new nar | ne. | | | |
| COMMITTEE TO FLECT RICH | MROZINS KI | | | No. | |
| 2. Acronym or Abbreviated Name (if any) | 41.5 | 3. Committee Telephone Number | | | |
| | | | 716-1 | | |
| 4. Mailing Address (Address where all campaign finance correspon 2303 こ いちつい | dence is received.) Che | eck if th | is is a new address | 5. | |
| 5. City, State, ZIP Code | 6 | 6. Party | Affiliation (if applic | able) | |
| LAPORTE IN 46350 | | | Publican | | 1 |
| CANDIDATE INFORMA | TION (For Candidate's Con | | | | Ele |
| 7. Full Name of Candidate (Include any nickname.) | | . Party | Affiliation or If Inde | ependent Candidate | |
| RICHARD J. (MOSE) MROZINS | Ki IR. | | Publican | | |
| 9. Office Sought (Include district number, if any. Not required for e | exploratory committee.) | | nty of Residence | | |
| COUNTY COMMISSIONER DIST. | | LA | PORTE | | |
| · TYPE OF REPOR | | | - CONV | ENTION CANDIDATES ON | LY |
| 11. Check one: | | | Check | | |
| Pre-Primary Pre-Election X Annual Nomination Other | | | | re-Convention | . |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Tre | pasurer (Within ten (10) days amend Stateme | nt of Orga | nnization.) L Po | ost-Convention | |
| 12. Reporting Period (mm/dd/yy): | | - 1 | COLUMN A | | 200 |
| n: 10-16-2020 Through: 12 | | | This Period | Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting | period. | | 4538.00 | | 191 |
| 14. Cash on hand and investments January 1, current year. | | | | 4538. | |
| CONTRIBUTIONS AND RECE | | | | | |
| (Note: these amounts include in-kind contributions and loans, as we | all as cash contributions.) | _ | | 0 00 | |
| 15a. Itemized (Use Schedule A.) | | | 5000. | 5000. | |
| 15b. Unitemized | AUDTOT | | | | |
| 15c. Add lines 15a and 15b in both columns. | SUBTOT | | | 5000 | _ |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column | mn B. TO 1 | , AL | 5000. | ₹5 38. ³⁰ | |
| EXPENDITURES | | إسط | | | Selle. |
| (Note: These amounts include in-kind expenditures and loan repayr | | | | 2 22 | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C. |) | | 2000. | 2000. | |
| 17b. Unitemized | | | | | |
| 17c. Add lines 17a and 17b in both columns. | SUBTO | TAL | | 7538.00 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract | 7c from 16 in both columns.) TO | TAL | | 7538. | |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | 2000. | 以上在 | |
| CERTIFICA | TION | 100-7 | | FOR OFFICE USE ONLY | Υ |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY | | , CORRI | ECT AND COMPLETE. | CLERKS OFFICE | |
| Signature of Treasurer Title | | Da | ate (mm/dd/yy) | - 12 | 1 |
| 7.00 | EA SURER | | 2-31-2020 | _DEC 2 1 2020 | 1 |
| rature of Candidate (if applicable) | | 12 | ate (mm/dd/yy) 2-31-2020 | - Kura and a d | |
| WARNING: Any information contained in this report/may not be copied for sale or files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may | fails to file a complete or accurate re | port as | required by the Indian; | DF LA PORTE CIRCUIT COUR | श 🎉 |
| | | | | | |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| | FILE NUMBER | |
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| | | |
| Page | of | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|---|--|-----------------------------|----------------------------------|---------------------------------------|
| ROSS + DEBONAH SNIBER 9902 SHAHAN CT. INDIANAPOLIS, IN | Contributions: Direct In-Kind (describe) Other Receipts: | 500 | 500 | 10-12-20 |
| Contributor's Occupation (if required) | ☐ Interest ☐ Loan ☐ Miscellaneous (specify) ——— | | | |
| STEVEN W. JONES 6851 WHITETAIL WOODS CT. | Contributions: Direct In-Kind (describe) | 500 - | 1000 | 10-15-20 |
| BARGERS VILLE, IN 46106 - 9045 Intributor's Occupation (if required) | Other Receipts: Interest Loan Miscellaneous (specify) | a e | 5 | |
| 3 THOMAS & PAULAMCKEITHEN 3128 MCCALL BLUD | Contributions: Direct In-Kind (describe) | 50,00 | 1050 | 10-22-20 |
| STATES BOND, CA. 30461-4921 Contributor's Occupation (If required) | Other Receipts: Interest Loan Miscellaneous (specify) | | × | 8 ²⁷ |
| DOUGLAS SHATTO GYTT PEBBLE POINT NEWBURL, IN 47630 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | 500 | 1550 | 10-20-20 |
| Contributor's Occupation (if required) | | | | |
| 5. ANTHONY C. NOVAK 102 GARDEN ST. | Contributions: Direct In-Kind (describe) | 100 | 1650 | 10-20-20 |
| MicHiGAN City, IN 46%0 | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| ontributor's Occupation (if required) | | bluca | | |
| TOTAL OF ALL PAGES OF SCHEDULE A | HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.) | \$ 5000. | | |

State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

STRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN

LACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | FILE NUMBER | |
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| CONTRIBUTOR'S FULL NAME AND | TYPE OF CONTRIBUTION | . COLUMN A | COLUMN B | DATE RECEIVED (mm/dd/yy) |
|--|---|--------------------|--------------------|--------------------------|
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) | OR OTHER RECEIPT | AMOUNT THIS PERIOD | YEAR-TO-DATE | RECEIVED BY |
| DEBCO METAL CULVERTS P.O. BOX 8 | Contributions: Direct In-Kind (describe) | 500.00 | 500. | 10-13-20 |
| FRANCES VILLE, IN. | Other Receipts: Interest Loan Miscellaneous (specify) | | = | |
| BEAM LONGEST . NOTT LLC 8320 CRAIC ST. | Contributions: Direct In-Kind (describe) | 500. | 1000 | 10-13-20 |
| Indianapolis, Inc. | Other Receipts: Interest Loan Miscellaneous (specify) | | ± | |
| WAISH KELLY INC. 1700 MAIN ST. | Contributions: Direct In-Kind (describe) | 250 | 1250 | 10-16-20 |
| GRIFFITH. IN. 46319 | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| MICHIANT INSUPANCE SUC. INC 5385 NL JUHNSON RD. | Contributions: Direct In-Kind (describe) | 500 | 1750 ^{su} | 10-19-20 |
| MICHIGAN CITY, IN. 46360 | Other Receipts: Interest Loan Miscellaneous (specify) | ¥ | | e |
| 5. RIETH- RILEY CONST. TUDD A. GOSC 26240 GRANT RD. | Contributions: Direct In-Kind (describe) | 100 | 1850 | 10-20-20 |
| SUJTH BEND IN 46619 | Other Receipts: Interest Loan Miscellaneous (specify) | - | | |
| SUBTOTAL | THIS PAGE OF SCHEDULE A | \$ 1850 | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE) | A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.) | \$ 5000. 94 | | |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This chedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions om corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | FILE NUMBER | |
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| CONTRIBUTOR'S FULL NAME AND TYPE OF CONTRIBUTIO FULL MAILING ADDRESS OR OTHER RECEIPT | | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVED (mm/dd/yy) |
|--|--|-------------------------|---------------------|--------------------------|
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) | OR OTHER RECEIFT | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1 McR PARTNERS 1336 FRAN LINN PLNY MUNSTER, IN 4/6321 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | 500 E | | 10-28-20 |
| 2. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3, | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 4. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | THIS PAGE OF SCHEDULE A | \$ 5 0 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE | A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.) | \$ 5000. | | |



State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|--|--|----------------------|--|---------------------------------------|
| 1. CARPENTERS LOCAL 1485 1104 F. Gt#ST. LAPORTE, IN 4635 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | SOO. | Soo. | 10-19-20 |
| 2. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 4. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | er e | 3 | |
| 5. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | y 6 | | a S |
| TOTAL OF ALL PAGES OF SCHEDULE A | HIS PAGE OF SCHEDULE A | \$ 500° | | |
| (Enter total on ITEM | 15a of the Summary Sheet.) | | | |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| Page _ | of | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B | DATE RECEIVED (mm/dd/yy) . |
|---|---|----------------------|--------------|----------------------------|
| (street, number, city, state, ZIP code) | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1 DPBG Political Action COMMITTEE | Contributions: Direct In-Kind (describe) | 500.00 | 500. a | 10-20-20 |
| 9025 RIVER RUAD STE. 200 INDIANAPOLIS IN 46240 | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 2. | Contributions: Direct In-Kind (describe) | - | 2 | 1 |
| | Other Receipts: Interest Loan Miscellaneous (specify) | = | a a | |
| 3. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | s | |
| 4. | Contributions: Direct In-Kind (describe) | | ÷ | ž. |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) | | 7 | - |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | 8 | |
| SUBTOTAL T | HIS PAGE OF SCHEDULE A | \$ 500 90 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A | | \$ 51200 | | |

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form (606 (915 (5.10))

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| | | | FILE | NUM | BER | | |
|------------|----|---|------|-----|-----|---|-------|
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| BORROWER'S NAME AND MAILING ADDRESS | CO-SIGNER'S NAME AND MAILING ADDRESS (if any) | ORIGINAL AMOUNT | DATE DEBT | CUMULATIVE PAID | OUTSTANDING BALANCE THIS |
|---|--|----------------------|-----------------------------------|-----------------|-----------------------------|
| (street, number, city, state, ZIP code) | (street, number, city, state, ZIP code) | NATURE OF DEBT | (mm/dd/yy) | YEAR-TO-DATE | PERIOD |
| RICHARDA BOUERLY MROZINSKÍ 2303 E ISON LA PORTE IN 4685 | | LUAN TO COMMITTEE | 6-25-19 100 102 12-11-20 | Z666 | -0- |
| 12 W 1 1 2 | | | 12-11-20 | | |
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| | | SUBTOTA | L THIS PAGE OF | SCHEDULE E | \$2000 |
| | TOTAL OF A | LL PAGES OF SCHEDULI | | | \$ 2000 |



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT? Yes X No

assistance in completing this form, see instructions on the reverse side.

OF

(CFA-4) **Summary Sheet**

FILE NUMBER

411-20-05 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

| COMMITTEE INFORMATION | | | | |
|--|---------------|------------------|------------|--|
| 1. Full Name of Committee (as on Statement of Organization) | ame. | | | |
| COMMITTEE TO ELECT RICH MROZINSKI | | | | |
| Acronym or Abbreviated Name (if any) | 3. Com | mittee Teleph | one Num | ber |
| | (210 | 7) 71 | 16-13 | 99 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | | is is a new ad | | |
| 2303 E. 150N. | | | | |
| 5. City, State, ZIP Code | | Affiliation (if | | 9) |
| LAPORTE IN. | | UBlic | AN | |
| CANDIDATE INFORMATION (For Candidate's Co | ommitte | es Only) | | "在我们没有你们的 " |
| 7. Full Name of Candidate (Include any nickname.) | 8. Party | Affiliation or | If Indeper | ndent Candidate |
| RICHARD J. (MUSE) MROZINSKI JR. | REF | JUB lic | aN | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. Çou | nty of Reside | | |
| COUNTY COMMISSIONER DIST. 2 | LA | PORT | <u> </u> | |
| TYPE OF REPORT | 的場響 | SO LIFE | CONVEN | TION CANDIDATES ONLY |
| 11. Check one: | | | Check one | 9." |
| Pre-Primary Pre-Election Annual Nomination Other | | | Pre-C | Convention |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend States | ement of Orga | anization.) | Post- | Convention |
| 2. Reporting Period (mm/dd/yy): | | COLU | | COLUMN B |
| From: 4-10-2020 Through: 10-16-2020 | | This F | | Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | | |
| 14. Cash on hand and investments January 1, current year. | | | | 5 6839. W |
| CONTRIBUTIONS AND RECEIPTS | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | |
| 15a. Itemized (Use Schedule A.) | | \$1100. | | 77739. |
| 15b. Unitemized | | 4 | C) | 9-0-0 |
| 15c. Add lines 15a and 15b in both columns. | | 1100. | ıV. | 7939 |
| | OTAL | 1100. | | 79 39. |
| EXPENDITURES | | | | 夏 英国主要加强 |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | \$1401. | 00 | 1401. |
| 17b. Unitemized | | 4 | -0 | 6/ |
| 17c. Add lines 17a and 17b in both columns. | OTAL | 1401. | עט | 1401. |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | 1401. | 3 | \$6538.5 |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | | THE PLANE OF THE PARTY OF THE P |
| 20. Debts OWED TO the committee (Use Schedule E.) | 2 | 2000. | يد | |
| CERTIFICATION | | | | FOR OFFICE USE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRI | UE, CORR | ECT AND COM | PLETE. | IN CLERKS OFFICE |
| Signature of Treasurer / Title | | ate (mm/dd/y | 1 11 | |
| Deverly of Muzerski TREASURER | 1 | 0/16/20 | 20 | OCT 16 2020 |
| Signature of Candidate (if applicable) | | ate (mm/dd/y | ** | 0 2020 |
| WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If | | 0 /16 / 20 | 2 0 | Vous 100 min |
| files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate | report as | required by the | Indiana | COF LA POSE CREWIT COURT |
| Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4- | -16, IC 3-9- | 4-17, IC 3-9-4-1 | (8) | SOURCE OF STREET |



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| | FILE | NUMBER | |
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| | | | |
| Page _ | 2 | of 4 | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVED (mm/dd/yy) |
|--|---|-------------------------|------------------------|--------------------------|
| (street, number, city, state, ZIP code) | Contributions: | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| SANJAY B. PATEL | Direct | .\$ | \$/ | 09-24-2020 |
| CATILY A. PATEL | ☐ In-Kind (describe) | \$ 250.00 | 8 250. W | |
| 1501 CONTINENTAL DR. | Other Receipts: | | | |
| ZIONSVILLE, IN. 46077 | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 2 RANDY J. STRASSER | Contributions: Direct | B | | 10-1-2020 |
| DENISE STRASSER | In-Kind (describe) | | 350. | |
| 228 N. HIGH ST. | | 100.00 | 350. | |
| The state of the s | Other Receipts: | | | |
| DELPHI, IN. 46923 | ☐ Interest ☐ Loan ☐ Miscellaneous (specify) | | | |
| | i wiscellarieous (specify) | | | |
| Contributor's Occupation (if required) | Contributions: | | | |
| | Direct | | | |
| | ☐ In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 4. | Contributions: | | | |
| | ☐ Direct☐ In-Kind (describe) | | | |
| | III-Kilid (describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 5. | Contributions: Direct | | | |
| | ☐ In-Kind (describe) | | | |
| | - | | | |
| | Other Receipts: | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| | HIS PAGE OF SCHEDULE A | \$ 350. 00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A | | - 1 | | |
| (Enter total on ITEM | 15a of the Summary Sheet.) | \$ 350. | | |



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN LACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | | FILE NU | MBER | |
|--------|---|---------|------|--|
| | | | | |
| Page _ | 3 | of | H | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|--|---|-----------------------------------|---------------------|--------------------------------------|
| DLZ INDUSTRIAL, LLC 316 TECH DRIVE BURNS HARBOR, IN. 46304 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | 750.00 | 750.20 | 10-2-2020 |
| 2. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 4. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | THIS PAGE OF SCHEDULE A | \$ 750.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE) | A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.) | \$ 750. | | |



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

'NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this chedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| | FILE | NUMBER | Û |
|--------|------|----------|---|
| | | | |
| Page _ | 4 | _ of _ 4 | |

| RECIPIENT'S NAME AND MAILING ADDRESS | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE | COLUMN A | COLUMN B | DATE OF |
|--|--|---|--------------------|----------------------------|------------------------|
| (street, number, city, state, ZIP code) | OFFICE SOUGHT (if applicable) | and PURPOSE (be specific) | AMOUNT THIS PERIOD | CUMULATIVE YEAR-TO-DATE | EXPENDITURE (mm/dd/yy) |
| CODE A CODE A LLC 685 E. 1675 N. MICHIGAN CITY, IN 16360 | County Commission | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | \$ 30.00 | 30.00 | 10-01-20 |
| HAWKINS PRINT SHOP 315 LINCOLNUAY LAPORTE, IN. 46350 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 191.53 | \$ 221.53 | 9-22-20 |
| CODE A WEDE-FOM - WLOI-AM 1700 lincolnumy STE 5 APORTE IN 46350 | | Payment of Debt Returned Contribution Other Purpose: | \$ 680.00 | 901.53 | 9-29-20 |
| FRIENDSHIP BOTANIC GARDENS PO BOX 8834 MICHIGAN CITY, IN 46360 | | Payment of Debt Returned Contribution Other Purpose: | 500.00 | 1401.53 | 9-24-20 |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| | SUBTOTAL THIS PAG | | \$ 1401.53 | | |
| TOTAL OF ALL PA | GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the | | \$ 1401.53 | | |



Signature of Treasurer

Dwerty

Signature of Candidate (ff applicable)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER 46-20-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Date (mm/dd/yy)

Date (mm/dd/yy)

04/10/2020

2020

Portuge Achieles

| IS THIS AN AMENDMENT? Yes No | |
|--|--|
| COMMITTEE INFORMATION | |
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new na | name. |
| COMMITTEE TO ELECT RICH MROZINSK | 3. Committee Telephone Number |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number |
| | (219) 716-1399 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | theck if this is a new address. |
| 2303 E. 150N. | 6. Party Affiliation (if applicable) |
| 5. City, State, ZIP Code | REPUBLICAN |
| LA PORTE IN. 46350 CANDIDATE INFORMATION (For Candidate's Co | |
| | 8. Party Affiliation or If Independent Candidate |
| 7. Full Name of Candidate (Include any nickname.) | REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. County of Residence |
| 9. Office Sought (Include distinct number, It ally. Not required 1) 15 [2 | LAPORTE |
| TYPE OF REPORT | CONVENTION CANDIDATES ONL |
| | Check one: |
| 11. Check one: Pre-Primary Pre-Election Annual Nomination Other | Pre-Convention |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend States | ement of Organization.) Post-Convention |
| | COLUMN A COLUMN B |
| 12. Reporting Period (<i>mm/dd/yy</i>): From: 1 - 1 - 2020 Through: 4 - 10 - 2020 | This Period Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 6839.00 |
| 14. Cash on hand and investments January 1, current year. | 6839.00 |
| CONTRIBUTIONS AND RECEIPTS | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | INTERNATIONAL MARKET NAME OF THE |
| 15a. Itemized (Use Schedule A.) | |
| 15b. Unitemized | |
| 15c. Add lines 15a and 15b in both columns. | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. | TOTAL |
| EXPENDITURES | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | |
| 17h Unitemized | |
| 17c. Add lines 17a and 17b in both columns. | TOTAL |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL |
| 19. Debts OWED BY the committee (Use Schedule D.) | en en |
| 20. Debts OWED TO the committee (Use Schedule E.) | 2000.00 |
| CERTIFICATION | FOR OFFICE USE ONL |
| CERTIFICATION | CLERKS OFFICE |

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the indianary

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

TREASURER

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | | | | | | FILE NUMBER |
|---|-------------------|--|---------------------------|---------------|---------------------------------------|-------------------|---|
| IS THIS AN AMENDMENT? | ☐ Yes 🔽 | No If Yes, p | lease enter t | he file nu | mber in this box | $a \rightarrow a$ | 410-20-05 |
| ECTION A . CANDIDATE | | 74 | | | | | 100 |
| Last Name | First Na | | Middle Nar | | Nickname | accure | 3. Type of Committee (Check one |
| 1 2 | - | | | | | _ | Candidate's Principal Committee |
| MROZINSKI Mailing Address (number and street, city, s | Ric | HARD | | | MOSE | | ☐ Exploratory Committee |
| Mailing Address (number and street, city, s | tate, and ZIP cod | fe) | 15 | . FAX (Option | nal) | 6. E-mai | I Address (Optional) |
| 2303 €. 150 | 4.1 | | | | 82233 € 0 | | No. comparate and construction of the constru |
| | | ZIP Code 8 | 3. County | | 3. Telephone (Day) | | 10. Telephone (Evening) |
| a D a - | | // Code | . County | | 3. relephone (Day) | - 0 | To. relephone (Evening) |
| LAPORTE | IN 5 | 6330 1 | LA PORI | E | 219,716-13 | 197 | 1219,326-0023 |
| Party Affiliation | | | 12. Of | fice Sought | (Include district number | er, if any. | R19) 326 - 0523 Not required for an exploratory committee |
| Democratic Libertarian 🛭 Repub | lican 🔲 Othe | er | (0 | INTY C | ommission | UCK | 13131. 2 |
| CTION B. COMMITTEE Full Name of Committee (Do not abb | INFORM. | ATION: Fill in Check if this is a n | n all applica ew name. | ble boxe | s as fully and | accura | ately as possible. |
| 200 | | | | Ki | | | |
| Mailing Address (number and street, city, | state, and ZIP co | ode) | his is a new addre | ess. 15. FAX | (Optional) | 16. E-ma | ail Address (Optional) |
| | | | | | | mos | EVETLEMEN.COM |
| City 2 | State | 7ID Code | 8 County | | 19 Telephone | | |
| 2303 E. 150 N City LAPORTE | T , | ZIF Code 1 | / County | | 15. releptione | | 20. Committee Organization Date (mm/dd/yy) / |
| CATORIE | IN 4 | 6350 1 | LATORTE | | 219,716-13 | 99 | 01/01/2015 |
| Chairperson's Full Name Design | gnate Candida | ate as Chairperson. | ☐ Check if th | is is a new c | nairperson. | , | |
| | | | | | | | |
| Mailing Address (number and street, city, | state, and ZIP co | ode) Check if th | nis is a new addre | ss. 23. FAX | (Optional) | 24. E-ma | ail Address (Optional) |
| | | | | , , | | | |
| City | State | ZIP Code 2 | 6. County | | 27. Telephone (Day) | | 28. Telephone (Evening) |
| | | | , | | | | |
| ank or Other Depositories (List all I | | | | |) | | () |
| CTION C. APPOINTMEN | NT OF TR | EASURER (I | C 3-9-1-14) | | 255 | - | S/M W S/10) (1950) |
| I, as Chairperson of the | | | | | Signature | of the Co | mmmittee Chairperson/ / |
| nmittee, appoint the following | person a | S D | 1 010 | . 101 | 1: 1/ | 0 0 | 1 Min 1 1. |
| asurer of the Committee. Treasurer's Full Name | 1 152 | BEVER | ly MRO | 21251 | 1 Va | let. | KINI DE STEEL |
| Treasurer's Full Name | ite candidate | as treasurer. | Check if this is a i | new treasure | r. | | |
| BEVERLY J. MR | OZINS | Ki | | | | | |
| Mailing Address (number and street, city, | state, and ZIP co | ode) | nis is a new addre | ss. 35. FAX | (Optional) | 36. E-ma | nil Address (Optional) |
| 2303E 150N | | | | , , | | | |
| City | State | ZIP Code 3 | 8. County | | 39. Telephone (Day) | I | 40. Telephone (Evening) |
| APORTE | IN 4 | 16350 | LAPORT | ~ | 219,716-19 | 713 | 219,326-0523 |
| | | | | | 211) 110 . | 113 | K11) 386 332) |
| CTION D. ACCEPTANC | | THE RESERVE THE PERSON NAMED IN | | | ia Ciamatura of Da | A | ting Annaintment |
| I give notice that I accept to mmittee. I am not the chairpe | | | | | e 0 | | . / |
| mitted for a candidate committee | | | ice committee | (except t | Beverl | 4 1. 1 | nrozinski |
| CTION E. CERTIFICATION | | | | | | | FOR OFFICE USE ONLY |
| certify as the candidate and | | The state of the s | rperson of th | e Commit | tee and that we | have | |
| mined this statement. To the be | | | | | | , are | |
| Typed or Printed Name of Chair | | Signature of Ch | | | Date (mm/dd/yy) |) | FILEI |
| F-1 | 5 | = | | | | | IN CLERKS OFFICE |
| | | | | | | | |
| Typed or Printed Name of Cand | lidate | Signature of Ca | indidate | | Date (mn/dd/yy) | / | |
| ICHARD J. MROZINS | ViTO | 16.7 | 14 MI | 1.0 | 6.1 016016 | 220 | JAN 8 2020 |
| | | information to | stod within ton | 10 Hours of | Ry L | 10) 1 | JAN 6 Esta |
| rning: State law requires that any change in the same of the same in the same | eport commit | s a Level 6 D felon | v (IC 3-14-1-13) | A person w | no fails to file a comp | lete or | |
| urate report as required by the Indian | | | | | | | Variable 1 |
| ect to civil penalties (IC 3-9-4-16, IC 3- | | | | | · · · · · · · · · · · · · · · · · · · | | Pargustellistack |
| | | | | | | | LIERK LIFTA DI IDIETI DI ITILI |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?
Yes
No

(CFA-4) Summary Sheet

FILE NUMBER

40-20-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| | 30345 | | | | VASUE - |
|--|---------------|--|--------------------|---------------|-----------------|
| COMMITTEE INFORMATION | | | 是是是一個 | | |
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new COMMITTEE TO ELECT RICH MROZIN | 2 2 | • | | | |
| 2. Acronym or Abbreviated Name (if any) | | mittee Telep | hone Number | | |
| | (|) | | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | Check if th | nis is a new a | address. | | |
| 5. City, State, ZIP Code | 6. Part | Affiliation (| if applicable) | | |
| LAPORTE IN 46350 | RE | PUBL | ican | | |
| CANDIDATE INFORMATION (For Candidate's C | ommitte | es Only) | | | |
| 7. Full Name of Candidate (Include any nickname.) | 8. Part | Affiliation, | r If Independer | nt Candidate | |
| RICHARD J (MOSE) MROZINSKI JR | RE | PUBL | ICAN | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. Co | untypof Resid | dence | | |
| COUNTY COMMISSIONER DIST. 2 | 1 6 | 4 PORT | E | | |
| TYPE OF REPORT | | | CONVENTIO | N CANDIDATES | ONLY |
| 11. Check one: | | | Check one: | | |
| Pre-Primary Pre-Election Annual Nomination Other | | | Pre-Conv | rention | |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta | tement of Org | ganization.) | ☐ Post-Con | vention | |
| `. Reporting Period (mm/dd/yy): | | The second secon | UMN A | COLUMN | |
| rrom: 12-31-2018 Through: 12-31-2019 | | | Period | Year to D | ate |
| 13. Cash on hand and investments at the beginning of this reporting period. | 4 | 73520 |).00 | | |
| 14. Cash on hand and investments January 1, current year. | | 建位基 | | 6339. | 0 0 |
| CONTRIBUTIONS AND RECEIPTS | TO THE | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | Shipp Edition | | Marie Transport |
| 15a. Itemized (Use Schedule A.) | | 2210 | 200 | 3210 00 | |
| 15b. Unitemized | | 3319 | 1. | 3319. | |
| | TOTAL | | 0.00 | 22.0 | 0.00 |
| | TOTAL | 3319 | 0.00 | 3319 | 0.00 |
| EXPENDITURES | 30.30 | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | | | | |
| 17b. Unitemized | | | | | |
| 17c. Add lines 17a and 17b in both columns. | TOTAL | | 0.00 | | 0.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | | 0.00 | | 0.00 |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | 200 | 00.00 | | |
| CERTIFICATION | | | | OR OFFICE USE | ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T | TRUE, COR | RECT AND CO | MPLETE CLE | RKS OFFICE | , |
| Signature of Treasurer Title | | Date (mm/do | | | 7 |
| Devely Mio Zuski, TREASUR | | 12-31-0 | 1 1 1 1 | 8 2020 | |
| ignature of Candidate (if applicable) | | Date (mm/do | JAN | 8 2020 | |
| WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. | | 2 -3/-2 | 9/7 | | |
| files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura | ate report a | s required by | the Indiana Petito | | - |
| Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9 | | | | | URT |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| FILE NUMBER | | | | |
|-------------|----|--|--|--|
| | | | | |
| Page | of | | | |

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|---|-----------------------------------|--|--------------------------------------|
| KiWANIS CLUB OF LAPORTE | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | ¥150.2 | Ko. º | 1-28-19 |
| DEAL ART + SIGN CI. LA PORTE IN 46350 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 308. | *458.26 | 9-16-19 |
| BRIARLEAF COLFCOMS LAPORTE IN 4635 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 3325.25 | 3783.51 | 9-16-8 |
| BEVERLY J. Mnozivsti 2303 = 150N LAPORTE TN 46350 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | #300 | 408.51 | 10-23-19 |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | × |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$4083-51 | | |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

**STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| FILE NUMBER | | | | | |
|-------------|----|--|--|--|--|
| | | | | | |
| Page _ | of | | | | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID | OUTSTANDING BALANCE THIS |
|---|---|----------------|-----------------------|--------------------|-----------------------------|
| (street, number, city, state, ZIP code) | (street, number, city, state, ZIP code) | NATURE OF DEBT | (mm/dd/yy) | YEAR-TO-DATE | PERIOD |
| RICHARD & BEVERLY MROZINSKI 2303E ISON LAPORTE, IN 46350 | | LUAN TO | 6-25-19 | - , | 42000.00 |
| 2303E 150N | | COMMITTEE | | | |
| LAPORTE, IN 46350 | | | | | |
| LENDER'S OCCUPATION: RETURED | | | | | |
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| LENDER'S OCCUPATION: | | | | | |
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| ADER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.) | | | | | |